

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7	1					
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9						
10						
11						
12						
13						
14						
15	1					
16	3					
17	15					
18	1					
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TOTAL IND.	33					
TOTAL DEP.	33	↔	↔	↔	↔	
TOTAL CLAIMS	36					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	
TOTAL CLAIMS						